

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR ~~WELL~~ - (GAS) ALLOWABLE

New Well
~~Recompletion~~

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Farlington, New Mexico

October 27, 1959

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Astec Oil and Gas Company Arizona-Arriba, Well No. 6, in SE 1/4 1/4,
(Company or Operator) (Lease)

P, Sec. 36, T. 25N, R. 4W, NMPM, South Blanco - Pictured Cliffs Pool
Unit Letter

Rio Arriba

County. Date Spudded 9/12/59

Date Drilling Completed 2/12/59

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P K

Elevation 7213 Total Depth 3645 PBD 3582

Top Oil/Gas Pay 3495 Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 3516-3546

Open Hole _____ Depth _____ Casing Shoe 3582 Depth _____ Tubing 3559

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>8 5/8</u>	<u>157</u>	<u>100</u>
<u>4 1/2</u>	<u>3582</u>	<u>75</u>
<u>2 3/8</u>	<u>3559</u>	<u>---</u>

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: APR 7849 MCF/Day; Hours flowed 3 236.

Choke Size 3/4 Method of Testing: Back pressure

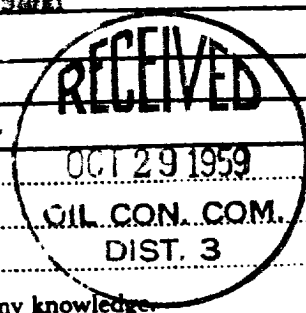
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 38,350 gallons water and 60,000 sand

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks _____

Oil Transporter _____

Gas Transporter Southern Union Gas Company

Remarks: _____



I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved October 27 OCT 29 1959, 19 59

Astec Oil and Gas Company
(Company or Operator)

ORIGINAL SIGNED BY JOE C. SALMON

OIL CONSERVATION COMMISSION

By: _____ (Signature) Joe C. Salmon

By: Emery C. Arnold

Title District Superintendent
Send Communications regarding well to:

Title Supervisor Dist. # 3

Name Astec Oil and Gas Company

Address Box # 786, Farlington, New Mexico

CHIEF OF POLICE
 ALBANY DISTRICT OFFICE

Case Received 6

DISTRIBUTION

Chief of Police	2	
Asst. Chief of Police	1	
Det. in Charge	1	
Det. in Charge Office		
Det. in Charge		
Det. in Charge		
Det. in Charge	1	✓